



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

3001 Mail Service Center • Raleigh, North Carolina 27699-3001
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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Michael Moseley, Director

July 25, 2005

MEMORANDUM

To: Legislative Oversight Committee Members
Commission for MH/DD/SAS
Consumer/Family Advisory Committee Chairs
State Consumer Family Advisory Committee Chairs
Advocacy Organizations and Groups
North Carolina Association of County Commissioners
County Managers
County Board Chairs
North Carolina Council of Community Programs
State Facility Directors
Area Program Directors
Area Program Board Chairs
DHHS Division Directors
Provider Organizations
MH/DD/SAS Professional Organizations and Groups
MH/DD/SAS Stakeholder Organizations and Groups
Other MH/DD/SAS Stakeholders

From: Mike Moseley 

Re: **Communication Bulletin #045**
Approval of CAP-MR/DD Waiver



We are very pleased to announce that the Centers for Medicare and Medicaid Services (CMS) has approved North Carolina's request for a new Home and Community Based Waiver for persons with mental retardation or developmental disabilities (CAP-MR/DD). Please see the attached approval letter from CMS. As the letter notes, this new waiver will be available to serve individuals with developmental disabilities who meet the ICF/MR level of care in all counties of North Carolina except the five (5) counties which comprise the Piedmont catchment area. As you know, Piedmont has received approval from CMS to operate under a separate waiver.

The new waiver will be implemented September 1, 2005. With the implementation of the new waiver, the current CAP-MR/DD waiver will terminate. We believe that this new waiver will allow for more comprehensive supports and services for individuals to allow them to live in communities of their choice.

A new CAP-MR/DD manual will be issued shortly. In addition to making significant changes to the services and supports available through the CAP-MR/DD waiver program, we have also worked to ensure that the new Manual is much more user-friendly and easily understandable than the manual for the current waiver. We are also working to develop and publish a consumer-friendly version of the Manual.

Attachment

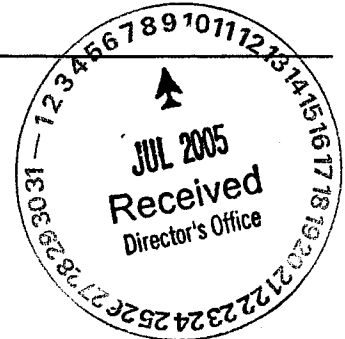
cc: Secretary Carmen Hooker Odom
Dr. Allen Dobson
Allyn Guffey
Dan Stewart
Jackie Sheppard
DMH/DD/SAS Executive Leadership Team
DMH/DD/SAS Staff
Rob Lamme
Rich Slipsky
Wayne Williams
Kaye Holder
Carol Duncan Clayton
Patrice Roesler
Coalition 2001 Chair



Department of Health & Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations
Disabled and Elderly Health Programs Group (DEHPG)



June 30, 2005

Mr. Gary Fuquay
Director, Department of Health and Human Services
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501

Dear Mr. Fuquay:

I am pleased to inform you that your request for a new Home and Community Based Waiver for persons with Mental Retardation/Developmental Disabilities that meet the ICF-MR level of care as authorized under section 1915(c) of the Social Security Act has been approved. This waiver has been assigned control number 0429 which should be referenced in all future correspondence relating to this program. We understand that this waiver is intended to replace 0151.90.R2, which expires March 31, 2006.

Specifically, you requested to waive statewideness requirements and provide waiver services in all NC counties with the exception of Cabarrus, Davidson, Rowan, Stanly, and Union counties. This waiver will provide personal care, respite care, adult day health, residential habilitation, supported employment habilitation, environmental adaptation home/modifications, transportation, specialized medical equipment and supplies, personal emergency response system (PERS), family/caregiver training, augmentative communication, crisis intervention services/support.

Based on the assurances and information you have provided, I approve the waiver request cited above for a three year period effective July 1, 2005.

The following estimates of unduplicated recipients and the average per capita cost of waiver services have been approved:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Factor D</u>
1	7,200	\$43,864
2	7,860	\$44,577
3	8,520	\$45,416

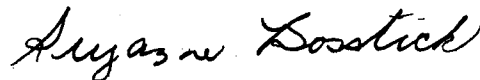
Letter to Gary Fuquay
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This approval is subject to your agreement to serve no more individuals than those indicated above. If North Carolina wishes to serve more individuals or make any other alterations to this waiver, a waiver amendment must be submitted for approval. At the end of this three year period, the waiver can be renewed by providing documentation of satisfactory performance and oversight.

Should you find it necessary or desirable to make changes or improvements to you waiver, we stand ready to provide any assistance you require.

We appreciate the assistance provided by your staff during our review of this request. If there are any questions, you may contact David M. Reed at (410) 786-0861.

Sincerely,

A handwritten signature in cursive script, reading "Suzanne Bosstick".

Suzanne Bosstick, M.A.

Director, Division of Benefits and Coverage

cc: Renard Murray, Atlanta Regional Office
Mary Kay Justis, Atlanta Regional Office
Terrie Morris, Atlanta Regional Office